

Construction and Specialized Workers' Medical and Benefit Plan of BC

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Dear Member:

If you do **NOT** require Medical Services Plan of BC coverage because you are covered on another Plan please put a check beside the statement below and complete all areas on this form.

Please remember we require the completed MEDICAL SERVICES PLAN APPLICATION returned to this office in order to set up your other benefits on the Plan.

_____ I do not require the Medical Services Plan of BC portion of the Plan at this time. I am currently covered under my spouses or parents Medical Plan. I understand that I may have this coverage at a later date if I so require it, provided I am still covered under the Plan rules.

Spouses or Parents Group Number: _____

Spouses or Parents CareCard #: _____

Member's Name: _____

Member's SI#: _____

Date: _____

Member's Signature: _____

If you do not fill in this form, we will apply for coverage through Medical Services Plan of BC on your behalf.

NO COVERAGE WILL BE ALLOWED UNLESS YOU ARE A UNION MEMBER IN GOOD STANDING WITH THE CONSTRUCTION AND SPECIALIZED WORKERS' UNION LOCAL 1611.